

Lieutenant Governor

THE COMMONWEALTH OF MASSACHUSETTS

Board of Building Regulations and Standards Home Improvement Contractor Registration Program 1 Ashburton Place, Room 1301 Boston, MA 02108 (617) 727-3200

Request For Duplicate Registration Card

Thomas L. Rogers Director

Please complete (print) this form in ink and mail it to the above address with a certified check or money order for \$25, payable to: Commonwealth of Massachusetts. (NOTE: Personal or business checks will be accepted but will require an additional ten (10) days to process.)

| REGISTRATION NUMBER (if known): | |
|---|--------------------------|
| REGISTRATION (COMPANY) NAME: | |
| BUSINESS ADDRESS: | |
| MAILING ADDRESS (if different): | |
| | |
| INDIVIDUAL RESPONSIBLE FOR HOME IMPROVEMENT CONTRACTS: | |
| SIGANTURE OF RESPONSIBLE PERSON REQUIRED IN ORDER TO PROCESS: | |
| SIGNATURE: | |
| TELEPHONE NUMBER: () | |
| | |
| LOST CARD WAS:ONLY CARD | ISSUEDSUPPLEMENTARY CARD |
| IF SUPPLEMENTARY CARD: | |
| NAME OF PERSON ISSUED CARD: | |
| SIGNATURE OF CARDHOLDER: | |
| SIGNATURE OF CARDITOLDER. | |
| | |
| | FOR OFFICIAL USE ONLY |
| | REGISTRATION NUMBER: |
| | DUPLICATE ISSUED BY: |
| | DATE: |